

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/004584

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	3		/			
11	2		/			
12	2		/			
13	2		/			
14	2		/			
15	2		/			
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49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	24	↔	19	↔		
TOTAL CLAIMS	29		24			

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
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99					
100					
TOTAL IND.					
TOTAL DEP.		↔		↔	
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS